

FILED
08 JUN 30 PM 12:37
RICHARD W. WIEKING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

CV 08 3027

Plaintiff,

CASE NO. _____

vs.

PRISONER'S
APPLICATION TO PROCEED
IN FORMA PAUPERIS

Defendant.

WHA
(PR)

I, Anthony Allara, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes ___ No ☒

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: _____ Net: _____

Employer: _____

1 If the answer is "no," state the date of last employment and the amount of the gross and net
 2 salary and wages per month which you received. (If you are imprisoned, specify the last
 3 place of employment prior to imprisonment.)

4 Reddic Construction

5 Hayward Calif.

6
 7 2. Have you received, within the past twelve (12) months, any money from any of the
 8 following sources:

9 a. Business, Profession or Yes ___ No ☒
 10 self employment

11 b. Income from stocks, bonds, Yes ___ No ☒
 12 or royalties?

13 c. Rent payments? Yes ___ No ☒

14 d. Pensions, annuities, or Yes ___ No ☒
 15 life insurance payments?

16 e. Federal or State welfare payments, Yes ___ No ☒
 17 Social Security or other govern-
 18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount
 20 received from each.

21 _____
 22 _____

23 3. Are you married? Yes ___ No ☒

24 Spouse's Full Name: _____

25 Spouse's Place of Employment: _____

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ _____ Net \$ _____

28 4. a. List amount you contribute to your spouse's support: \$ _____

1 b. List the persons other than your spouse who are dependent upon you for
 2 support and indicate how much you contribute toward their support. (NOTE:
 3 For minor children, list only their initials and ages. DO NOT INCLUDE
 4 THEIR NAMES.).

5 _____
 6 _____
 7 5. Do you own or are you buying a home? Yes ____ No ☒

8 Estimated Market Value: \$ _____ Amount of Mortgage: \$ _____

9 6. Do you own an automobile? Yes ____ No ☒

10 Make _____ Year _____ Model _____

11 Is it financed? Yes ____ No ____ If so, Total due: \$ _____

12 Monthly Payment: \$ _____

13 7. Do you have a bank account? Yes ____ No ☒ (Do not include account numbers.)

14 Name(s) and address(es) of bank: _____

15 _____

16 Present balance(s): \$ 0 _____

17 Do you own any cash? Yes ____ No ☒ Amount: \$ 0 _____

18 Do you have any other assets? (If "yes," provide a description of each asset and its estimated
 19 market value.) Yes ____ No ☒

20 _____

21 8. What are your monthly expenses?

22 Rent: \$ 0 _____ Utilities: 0 _____

23 Food: \$ 0 _____ Clothing: 0 _____

24 Charge Accounts:

25 Name of Account Monthly Payment Total Owed on This Acct.

26 _____ \$ _____ \$ _____

27 _____ \$ _____ \$ _____

28 _____ \$ _____ \$ _____

1 9. Do you have any other debts? (List current obligations, indicating amounts and to
2 whom they are payable. Do not include account numbers.)

3 Four Thousand dollars Restitution to -
4 - case # 98F09296

5 10. Does the complaint which you are seeking to file raise claims that have been presented
6 in other lawsuits? Yes No ✓

7 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in
8 which they were filed.

9 _____
10 _____

11 I consent to prison officials withdrawing from my trust account and paying to the court
12 the initial partial filing fee and all installment payments required by the court.

13 I declare under the penalty of perjury that the foregoing is true and correct and
14 understand that a false statement herein may result in the dismissal of my claims.

15
16 6.23.08

17 DATE

18 A Allara

19 SIGNATURE OF APPLICANT

20
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Case Number: CV 08 3027

CERTIFICATE OF FUNDS
IN
PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of _____ for the last six months
[prisoner name]
_____ where (s)he is confined.
[name of institution]

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ _____ and the average balance in the prisoner's account each month for the most recent 6-month period was \$ _____.

Dated: _____

[Authorized officer of the institution]

C08-3027WHA

Case Number: _____

CERTIFICATE OF FUNDS

IN

PRISONER'S ACCOUNT

I certify that attached herein is a true and correct copy of the prisoner's trust account statement showing transactions of Allara, Anthony ^{K60159} for the last six months

at

SALINAS VALLEY STATE PRISON
ACCOUNTING DEPARTMENT
P.O. BOX 1020
SOLEDAD, CA 93960-1020

[prisoner name]

_____ where (s)he is confined.

[name of institution]

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ 3.38 and the average balance in the prisoner's account each month for the most recent 6-month period was \$ 6.75.

Dated: 6/27/08

R. macias

[Authorized officer of the institution]

REPORT ID: TS3030 .701

REPORT DATE: 06/26/08

PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS
SALINAS VALLEY STATE PRISON
INMATE TRUST ACCOUNTING SYSTEM
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: DEC. 01, 2007 THRU JUN. 26, 2008

ACCOUNT NUMBER : K60159

BED/CELL NUMBER: FIB1C10000000031S

ACCOUNT NAME : ALLARA, ANTHONY VICTOR

ACCOUNT TYPE: I

PRIVILEGE GROUP: A

TRUST ACCOUNT ACTIVITY

DATE	TRAN CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
12/01/2007		BEGINNING BALANCE					9.00
12/17	FC04	DRAW-FAC 4	1594 DMH			9.00	0.00
		ACTIVITY FOR 2008					
01/09*DD30		CASH DEPOSIT	1777 7215		11.25		11.25
03/17*DD30		CASH DEPOSIT	2411 7450		9.00		20.25

CURRENT HOLDS IN EFFECT

DATE PLACED	HOLD CODE	DESCRIPTION	COMMENT	HOLD AMOUNT
02/07/2008	H102	EYEGLASSES HOLD	2069 OPTIC	73.50

* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 08/04/00

CASE NUMBER: 98F09296

COUNTY CODE: SAC

FINE AMOUNT: \$ 4,400.00

DATE	TRANS.	DESCRIPTION	TRANS. AMT.	BALANCE
12/01/2007		BEGINNING BALANCE		4,078.50
01/09/08	DR30	REST DED-CASH DEPOSIT	12.50-	4,066.00
03/17/08	DR30	REST DED-CASH DEPOSIT	10.00-	4,056.00

* THIS STATEMENT DOES NOT REFLECT THE ADMINISTRATIVE FEE CHARGE THAT *
* IS EQUAL TO TEN PERCENT OF THE RESTITUTION AMOUNT COLLECTED. *

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
9.00	20.25	9.00	20.25	73.50	0.00



THE WITHIN INSTRUMENT IS A CORRECT
COPY OF THE TRUST ACCOUNT MAINTAINED
BY THIS OFFICE
ATTEST: 6/27/08

CALIFORNIA DEPARTMENT OF CORRECTIONS

BY R. Macias 525P
TRUST OFFICE

CURRENT
AVAILABLE
BALANCE

53.25-

A. Allara: K60159
I. 1, 31 - PMH
Safinas Valley State Prison
= P.O. Box. 1050"
Soledad CA. 93960

US District Court
450 Golden Gate Avenue
= P.O. Box. 36060"
San Francisco Calif 94102-9680

Legal
Mail